

Student Emergency Contact and Medical Information

MUST RETURN BEFORE FIRST CLASS

_____ Child's Name		_____ Date of Birth		M F Sex
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name		
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone	
_____ Cell Phone	_____ Alternate Phone	_____ Cell Phone	_____ Alternate Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact		
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone	
_____ Cell Phone	_____ Alternate Phone	_____ Cell Phone	_____ Alternate Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

Medical Information

Allergies/Special Health Considerations

_____ Child's Physician's Name	_____ Physician's Phone Number
_____ Insurance Company	_____ Policy Number

I give authorization for emergency medical treatment and CPR to be given to my child by a first-aid certified staff person of Edmonds Montessori, LLC Yes No

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature *(Check Box & Initial if sending electronically)* Date

Persons authorized to pick up your child:

Name: _____ Relationship: _____ PH#1 _____ Ph#2 _____

Name: _____ Relationship: _____ PH#1 _____ Ph#2 _____

Name: _____ Relationship: _____ PH#1 _____ Ph#2 _____

Name: _____ Relationship: _____ PH#1 _____ Ph#2 _____

Student Background Information

What would you like us to call your child in class? _____

Has your child been to school before? Yes No If so, which one? _____

Are there any concerns that you would like us to know about? _____

What do you hope for your child in the school year? _____

Are there any other languages spoken at home? _____

Sibling Name(s)

List all children in your family even if they are not attending or applying to Edmonds Montessori, LLC

Name _____ Birthdate _____ Current School _____

Name _____ Birthdate _____ Current School _____

I authorize my address, email and phone number to be published in the school directory intended for personal use only by families enrolled at Edmonds Montessori School. Yes No

I allow the school pictures of my child to be included in Edmonds Montessori, LLC exhibits and/or news coverage. Yes No

I have reviewed the Edmonds Montessori School Parent Handbook that is available on the Edmonds Montessori Web Site at www.edmondsmontessori.com _____ (Parent Initial)
A hard copy of Parent Handbook available upon request

Notice of Nondiscriminatory Policy As To Student: Edmonds Montessori, LLC does not discriminate on the basis of race, ethnicity, gender, religious affiliation, sexual orientation or physical ability in the administration of our admissions and education policies.